

PRESS RELEASE

FEMALE URINARY INCONTINENCE

European project to Lay the Groundwork for Setting a Surveillance System to Monitor the Occurrence of Urinary Incontinence in Women

Despite the fact that the issue of Urinary Incontinence (UI) has been well documented and there are various national and international networks focusing on the condition, *there is a lack of systematic, reliable and consistent data* on the condition in Europe.

UI is a very common condition. A lot of women are affected (over 200 million in the world). It increases with age with a twofold increase in institutionalized patients. UI is underestimated, expensive and with a poor request for help.

Indeed, it is a condition that is *underreported*, making it difficult to provide *credible data estimates*, in terms of numbers of people suffering from UI or the socio-economic burden of this condition.

There are a number of hypotheses related to the underreporting of this condition linked mainly to *cultural and socio-economic factors*. Specifically, women who are disadvantaged in terms of access to education and access to income, female immigrants or women of a particular cultural background are either reluctant to report the condition themselves or simply do not pass through the health system with the same regularity as other women, especially when it comes to *pregnancy*. Childbirth has been identified as a risk factor for pelvic floor dysfunctions and therefore also for Urinary Incontinence and it is well recognised that a *global action during pregnancy* plays an important role in the early diagnosis and prevention of UI.

The general Objective of this project is to lay the groundwork for the setting up of a surveillance system to monitor the occurrence of UI incontinence in women in



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the European Union as a consequence of inefficient or inappropriate obstetric care, with a view ultimately, to formulating appropriate strategies, policies and actions to achieve a high level of human health protection and thus improving the quality of life of particular sections of the female population.

Secondary, but not less important, objectives are the opening of a dialogue in the public domain on a medical condition that tends to be considered as a minor or embarrassing, the elaboration of prevention measures that consider also social and cultural factors and the exchange of information between European Institutions of good practices which could be applied to other European Realities.

The project started in March 2008 and has a duration of 34 months. It is a challenging project, involving the following EU countries as project partners:

ULSS20 Verona (project leader), Azienda Ospedaliera Verona (scientific coordinator), AUSL Ferrara (Italy), Beckenboden Zentrum Muenchen – Pelvic Floor Centre – Urological Department (Germany), Szeged University (Hungary), Ljubiana Medical Centre (Slovenia), The Hope Project (Ireland), Karolinska Institutet (Sweden), Azienda Ospedaliero Universitaria di Udine (Italy).

Project results:

Electronic search of MEDLINE was undertaken using “MeSH” terms and “free text” words. We retrieved papers published in English, French, Spanish, German and Italian between 2000 and September 30, 2009.

Prevalence and incidence of female UI in the European general population and among pregnant and post-partum women were abstracted into the developed standardized form in order to answer the following two questions: 1. What are the incidence and prevalence of UI in Women in Europe and its specific subtypes? 2. How do obstetric factors impact on prevalence and incidence of UI in women after delivery in Europe? 3. Patient outcomes after different obstetric interventions were compared from randomized controlled clinical trials (RCTs) and observational studies.

Ninety-three publications were eligible for the review. The prevalence of UI of any type in non-institutionalised women in Europe ranged from 14.10% up to 68.8%. The prevalence was higher with increasing age: any degree of UI was reported by 6-30% of women aged 18-24 up to 50-67% of ≥ 90-year-old ladies. The annual UI incidence ranged from 2.9% up to 8.3%. The prevalence rates of UI “at term” pregnancy ranged from 26% up to 40.2%, with a remission rate 3 months after

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childbirth up to 86.4%. Significant risk factors for UI in pregnancy were maternal age ≥ 35 years (HR 2.1; 95% CI 1.0-2.8), maternal initial BMI (HR 1.3; 95% CI 1.1-1.6), a family history positive for UI (HR 1.7; 95% CI 1.3-2.2), and parity (OR 2.0; 95% CI 2.0-2.2). The prevalence rates of post-partum UI at 3 months after childbirth ranged from 2.2% up to 15%. UI during pregnancy represented a significant risk factor for the persistence of UI after delivery (OR 3.71; 95% CI 1.95-7.06). The caesarean section seemed to be more protective than vaginal delivery, but this advantage disappeared after the second caesarean delivery (OR 0.47; 95% CI 0.04-5.69). Antenatal PFMT could be helpful in the post-partum UI prevention in primiparas without UI during pregnancy.

There is an evident heterogeneity in UI definition, outcome measures, survey methods, validation criteria that make impossible to compare data and to report conclusive findings. There is a clear need to perform observational and interventional studies in Europe in order to better answer the above mentioned questions using homogeneous and standardised criteria.

AUSLE Ferrara - Press Office